

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1564
55

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Leavenworth</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leavenworth 0159A</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			c. LENGTH OF STAY (In this place) <u>1 WEEK</u>			d. STREET ADDRESS (If rural, give location) <u>521 Delaware</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			3. NAME OF DECEASED a. (First) <u>LOUISE</u> b. (Middle) <u>ADDIE</u> c. (Last) <u>WHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-4-1952</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 21-1876</u>		9. AGE (In years last birthday) <u>75</u> If under 1 year: Months _____ Days _____ If under 6 mos.: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>			11. BIRTHPLACE (State or foreign country) <u>Unknown Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wm Monroe</u>			13b. MOTHER'S MAIDEN NAME <u>LAURA Jones</u>			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. R. HARRISON</u>			ADDRESS <u>3323 Cleveland R.C. 14</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>acute left ventricular failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic pneumonia</u> <u>Carcinoma of left breast</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo +</u> <u>12/30/51</u> <u>4200</u> <u>1/2/52</u> <u>6 months</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12/30, 1951</u> , to <u>1/4, 1952</u> , that I last saw the deceased alive on <u>1/4, 1952</u> , and that death occurred at <u>1:05 P.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>R. R. Becker MD</u>				23b. ADDRESS <u>4000 Baltimore Kansas City Mo.</u>		23c. DATE SIGNED <u>1/4/52</u>				
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN-4-1952</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH KANSAS</u>				
DATE REC'D BY LOCAL REG. <u>1-5-52</u>			REGISTRAR'S SIGNATURE <u>Glenn H. Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>				
						ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Bernard J. Horan

Signed.....
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address A. C. Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.